Revised



For	office	use	only:	
U	OHICC	usc	om,	

Licensing Year:_____
License No.:____
Date Issued: _____

APPLICATION FOR PRIVATE REFUSE HAULER LICENSE

Name of C	ompany			
Business A	Address			
Equipment	& Storage Location,	if different		
Business C	Owner(s)			
Address			Phone	
Manager, it	f different			
Address			Phone	
Do you picl	kup trash from custo	mers who reside outside	of Saline County which is taken	to the Salina Landfill?
Yes	No	_ If yes, give location(s) _		
Vehicles to	be operated:			
<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	SERIAL NO.	KS TAG NO.
The follow	ring must be with th	nis application:		
2. Proof of			listed above with \$500,000 liabi	lity minimum.
business. I vehicles ob authorized my license	agree to maintain lia stained at a minimum representative of the	ability insurance coverage of \$500,000 throughout to e City of Salina free acces suspended if I am found to	e and regulations relating to the on each vehicle, and any repla the term of this license. I agree is to my premises for the purpos to have violated such requiremen	cement or additional to give any duly se of inspection. I agree
Date		Signature		

*********	********	**********	*****************				
**							
\$50.00 per Service per year + \$100.00 per truck listed							
Amount Paid \$	Date	Receipt No	Received by				
********	*******	**********	************				
**		Zoning Certificate					
		Lonning Continuous					
		roperty is zoned and can are and can are	does/does not comply with the provisions roved/Disapproved.				
Date	 P	lanning Department					
**	******	************	******				
Approved/Disapproved							
		City Clerk	***********				
**							
Rev. 11/04/02			REF				